

Please type a plus sign (+) inside this box ☐

PTO/SB/05 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Attorney Docket No.	PH-7306
First Inventor or Application Identifier	Albert Robichaud et al
Title	Aryl and Aminoaryl Substituted Serotonin Receptor Agonist and Antagonist Ligands
Express Mail Label No.	EV000875622US

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification (Total Pages 21)  
(preferred arrangement set forth below)
- Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☐ Drawing(s) (35 U.S.C.113) (Total Sheets 1)
5. ☒ Oath or Declaration (Total Pages 1)
- a. ☐ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 17 completed)
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.83(c)(2) and 1.83(b).
6. ☒ Application Data Sheet. See 37 CFR 1.78

**ADDRESS TO**Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper
- c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. § 3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(If foreign priority is claimed)
16. ☐ Other:

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:


☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. \_\_\_\_\_ /  
Prior application information: Examiner \_\_\_\_\_ Group Art Unit \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS****\*24348\***or ☐ Correspondence address below☒ Customer Number 24348**24348**

PATENT TRADEMARK OFFICE

Name	Scott K. Larsen				
Address	Bristol-Myers Squibb Pharma Company P.O. Box 4000				
City	Princeton	State	New Jersey	Zip Code	08543-4000
Country	U.S.A.	Telephone	(302) 695-1406	Fax	(302) 695-8399

Name (Print/Type)	Scott K. Larsen, Ph.D., J.D.	Registration No. (Attorney/Agent)	38,532
Signature		Date	December 19, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

12/19/01

J1059 U.S. PTO

A

12/19/01

12/19/01

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2001

Express Mail No. EV000875622US  
Patent fees are subject to annual revision.

## Complete if Known

Application Number **Unknown**  
Filing Date **December 19, 2001**  
First Named Inventor **Albert Robichaud et al**  
Examiner Name **Unknown**  
Group / Art Unit **Unknown**

TOTAL AMOUNT OF PAYMENT (\$) **740.00**

Attorney Docket No **PH-7306**

## METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to
- ☒ Deposit Account Number **023850**
- ☒ Deposit Account Name **Bristol-Myers Squibb Pharma Company**
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☐ Payment Enclosed.
- ☐ Check ☐ Credit card ☐ Money Order ☐ Other Order

## FEE CALCULATION

BASIC FILING FEE				
Large	Entity	Small	Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
101	740	201	355	Utility filing fee
106	330	206	160	Design filing fee
107	510	207	245	Plant filing fee
108	740	208	355	Reissue filing fee
114	160	214	75	Provisional filing fee
SUBTOTAL (1)				<b>(\$ 740.00)</b>

## 2. EXTRA CLAIM FEES

Total Claims **15** -20\*\* = **0** X **0** = **0**

Independent Claims **0** -3\*\* = **0** X **0** = **0**

Multiple Dependent **0** X **0** = **0**

Large	Entity	Small	Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	40	Independent claims in excess of 3
104	280	204	135	Multiple dependent claim, if not paid
109	84	209	40	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				<b>(\$)</b>

\*\*or number previously paid, if greater. For Reissues, see above

## FEE CALCULATION (continued)

Large	Entity	Small	Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for ex parte reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	195	Extension for reply within second month
117	920	217	445	Extension for reply within third month
118	1,440	218	695	Extension for reply within fourth month
128	1,960	228	945	Extension for reply within fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,240	241	620	Petition to revive - unintentional
142	1,240	242	620	Utility issue fee (or reissue)
143	440	243	220	Design issue fee
144	600	244	300	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	130	123	50	Petitions related to provisional applications
126	240	126	240	Submission of Information Disclosure Sheet
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	710	246	355	Filing a submission after final rejection (37 CFR § 1.126(a))
149	710	249	355	For each additional invention to be examined (37 CFR § 1.126(b))
179 (RCE)	710	279	355	Request for Continued Examination
169	500	169	900	Request for expedited examination of a design application
Other fee (specify)				
*Reduced by Basic Filing Fee Paid				
SUBTOTAL (3)				<b>(\$)</b>

## SUBMITTED BY

Name (Print/Type) **Scott K. Larsen** Registration No. Attorney/Agent **38,532** Telephone **302-695-1406**

Signature **[Signature]** Date **December 19, 2001**

## Complete if applicable

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.